

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** LARSONS AFH (0008863)  
**Address:** N2297 HWY A, FORT ATKINSON, WI 53538  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/19/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095302      **End Date:** 07/29/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008260    Served 08/03/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

**Survey ID:** 0091030      **End Date:** 08/26/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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